

Stockbridge – Munsee Community  
BAND OF MOHICAN INDIANS  
**Mohican Loan Department**



N8705 Moh He Con Nuck Road P.O. Box 70 Bowler, WI 54416  
(715)793-4861 Fax (715)793-4883

**HOME LOAN PROGRAM APPLICATION**

**TYPE OF LOAN REQUESTED:**                      **DATE OF APPLICATION** \_\_\_\_\_

\_\_\_\_\_ PURCHASE  
\_\_\_\_\_ CONSTRUCTION  
\_\_\_\_\_ IMPROVEMENT  
\_\_\_\_\_ REFINANCING

Purpose of Loan \_\_\_\_\_  
\_\_\_\_\_

Property Address \_\_\_\_\_

Is this property located within the exterior boundaries of 1856 Reservation? \_\_\_\_ Yes \_\_\_\_ No

Will this be your Principal Residence? \_\_\_\_ Yes \_\_\_\_ No

+++++

**APPLICANT INFORMATION**

Enrollment # \_\_\_\_\_

Marital Status: \_\_\_\_ Married \_\_\_\_ Legally Separated \_\_\_\_ Unmarried \_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current MORTGAGE HOLDER \_\_\_\_\_ Monthly Payment\$ \_\_\_\_\_

OR

LANDLORD NAME \_\_\_\_\_

Phone Number \_\_\_\_\_ Monthly Payment\$ \_\_\_\_\_

## **EMPLOYMENT INFORMATION**

### **Applicant**

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

*If employed less than 1 year please fill out the following information*

Employer \_\_\_\_\_ Date Began \_\_\_\_\_ Date Ended \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Are you on Social Security or Disability? YES NO

If yes, please provide your most current statement

Do you receive a Pension? YES NO

If yes, please provide your most current statement

### **DEBTS**

### **Applicant Monthly Payment**

Alimony or Maintenance \$  
Child Support \$  
Payments on other Tribal Loans \$

\*Any accounts in arrears with the tribe? YES NO

-Education -LP -Health Center -Loan Department -Other \_\_\_\_\_  
(If in arrears please circle the one that pertains)

## **JOINT APPLICANT (for married applicants only)**

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

*If employed less than 1 year please fill out the following information*

Employer \_\_\_\_\_ Date Began \_\_\_\_\_ Date Ended \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Are you on Social Security or Disability YES NO

If yes, please provide your most current statement

Do you receive a Pension? YES NO

If yes, please provide your most current statement

+++++

**Do you currently have homeowners or renters insurance?**

YES

NO

Insurance Company \_\_\_\_\_

Agent or Agency \_\_\_\_\_

Agent or Agency Phone # \_\_\_\_\_

Monthly Payment\$ \_\_\_\_\_

**MONTHLY EXPENSES**

Food \$ \_\_\_\_\_

Utility\$ \_\_\_\_\_ *Company Name* \_\_\_\_\_

Telephone\$ \_\_\_\_\_ *Company Name* \_\_\_\_\_ (cell or land)

\*If you obtaining the loan in relation to a home that is located on FEE LAND owned by an individual what is the cost of the PROPERTY TAXES? \$ \_\_\_\_\_

**OTHER INFORMATION**

Have you filed Bankruptcy in the past 5 years?

YES

NO

Are you a party to a lawsuit? YES NO

Are you a co-maker or endorser on a note? YES NO

**Please list any outstanding judgments you may have:**

---

---

---

---

## AUTHORIZATION AND SIGNATURE PAGE

This page must be signed or application is considered incomplete

**I certify that the statements made in this loan application are true and complete.** I hereby authorize the release and disclosure of written and verbal information to the Mohican Loan Department, to verify the information needed to process my loan application. I agree to the provisions of any tribal law, policies and agreements governing this loan. I agree to notify the Mohican Loan Department of any financial changes that may affect the process of this loan. I understand that this application is subject to approval.

**Notice to Married Applicants;** No provision of any marital property agreement, unilateral statement under Wis. Stat. s.766.59 or court decree under s.766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision. The loan being applied for, if granted, will be incurred in the interest of my marriage or family. I understand the creditor may be required to give notice of the credit transaction to my spouse.

Applicant's Signature	Date	Spouse's Signature	Date
-----------------------	------	--------------------	------

Applicant Print Name	Date	Spouse Print Name	Date
----------------------	------	-------------------	------

Applicant's Address

Date of Birth	Spouse Date of Birth
---------------	----------------------

Social Security #	Spouse Social Security #
-------------------	--------------------------